

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39629

STATE FILE NUMBER

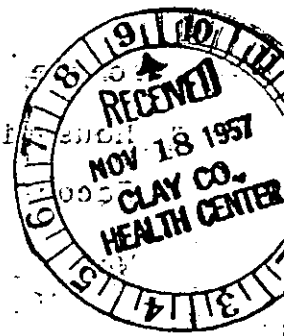
Registration District No. 73

Primary Registration District No. 8-291

Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Odd Fellows Home		d. STREET ADDRESS 314 N. Drury	
3. NAME OF DECEASED (Type or print) First Louise Middle M. Last Hurster		4. DATE OF DEATH Nov. 14, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 23, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (In years last birthday) 90
11. BIRTHPLACE (City and state or country) Freisburg, Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jacob Willaret		13b. MOTHER'S MAIDEN NAME Katherine Hecklin	
14. NAME OF HUSBAND OR WIFE Carl Hurster		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT William C. Hurster Address 314 N. Drury	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis DUE TO (c) ---			INTERVAL BETWEEN ONSET AND DEATH 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour --- Month, Day, Year --- a.m. --- p.m. ---		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION --- COUNTY --- STATE ---	
21. I attended the deceased from 1956 to Nov 58 and last saw her alive on Nov 13, 1957 Death occurred at 11 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm C. Hurster (Degree or title) 0		22b. ADDRESS Liberty mo	
22c. DATE SIGNED 11/15/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/16/57		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd.	
25. DATE RECD. BY LOCAL REG. 11-16-57		26. REGISTRAR'S SIGNATURE Mabel Graham	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William H. Eary
Licensed Embalmer No. 4728
P. O. Address 9 C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.